

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ps 182

DOCUMENT # P02000081887  
1. Entity Name  
Storage Masters North



**FILED**  
04 SEP 21 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
7426 Lake Ola CR  
Suite, Apt. #, etc.  
City & State  
Zip

**REINSTATEMENT** - 03-04  
DO NOT WRITE IN THIS SPACE

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4. FEI Number  
020635152

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent  
Name Robert Harvey  
Street Address (P.O. Box Number is Not Acceptable)  
7426 Lake Ola CR.  
City Mount Dora FL Zip Code 32757

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert G Harvey Robert G HARVEY, PRES. 6-23-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		300041254383 09/22/04--01017--001 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Robert G. Harvey 7426 Lake Ola CR Mt. Dora FL 32757</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>secy Theresa M Harvey 7426 Lake Ola CR Mt. Dora FL 32757</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Theresa M Harvey 8-23-03 352-267-4711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment 15 2 072  
54073135  
Dr. #

**STORAGE MASTERS NORTH, INC.**

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7426 Lake Ola Circle  
Mount Dora, FL 32757

June 23, 2004

Florida Department of State  
Uniform Business Report  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Persons,

Please find enclosed the application that you sent to me for the continued corporation status of Storage Masters North, Inc.

Our address changed from a post office box to the above mailing address and for some reason the application was not forwarded to us.

When I received and completed the application for our other business, Storage Masters, Inc. in Sorrento, Florida, I realized that we had not received one for Storage Masters North, Inc. I called your office and they sent me this application. I apologize for any inconvenience that this may have caused your office and respectfully request that our corporate status be re-instated.

As instructed by your department, I've enclosed a check for three hundred dollars (\$300.00).

Thank you very much.

If you have any questions, please call me at (352) 267-4711.

Sincerely,



Theresa Harvey  
Secretary  
Storage Masters North, Inc.